



TEXAS DEPARTMENT OF LICENSING AND REGULATION

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PODIATRIC PHYSICIAN (DPM) LICENSE RENEWAL FORM

DPM RENEWAL NOTICE (September 1, 2017)

♦ Find/Verify your "License Status" go to www.tdlr.texas.gov

Renewal Fee: \$530.00 if postmarked between September 1, 2017 - November 1, 2017.

Late Renewal Fee: \$787.00 if postmarked between November 2, 2017 – February 1, 2018.

Late Renewal Fee: \$1,044.00 if postmarked between February 2, 2018 – August 31, 2018.

DELINQUENT LICENSE STATUS:

Delinquent Renewal Fee: \$1,564.00 if postmarked between September 1, 2017 - November 1, 2017.

1. Please Remit Payment along with this Form to the mailing address listed above. **(There is NO FEE for Active Duty U.S. Military Personnel)**
2. Your DPM License and Annual Renewal Certificate must be displayed in office where licensee practices.
3. The Department must be kept informed of any changes. You may keep the department informed of any changes by completing the Duplicate License Certificate/Permit Request and Change of Information form.
4. CME hours must be current in order to renew your license. The Department will conduct random audits of CME documentation to ensure compliance. **DO NOT SEND ANY CME's TO THE DEPARTMENT UNLESS REQUESTED.**
5. We encourage all licensees to renew their licenses online at www.tdlr.texas.gov.

♦ **License Number:** _____

♦ **Expiration Date:** _____

♦ **NAME:** _____
(First) (Middle) (Last)

The renewed license will be sent to your mailing address. NOTE: Your mailing address will be provided to the public on request. **Do not** use your home address as your mailing address if you do not wish the public to have it.

Answer questions 1 – 3.

1. Since the last renewal, have you been convicted, given probation (whether deferred or not), fined or has a criminal indictment or information been filed against you for a felony or misdemeanor involving moral turpitude or other crime? **Yes** _____ **No** _____

If you answered "Yes" in Question #1, you must complete and submit the Criminal History Questionnaire found on the Department's website.

2. Since the last renewal, have you been sued for medical malpractice or other private civil action alleging medical malpractice? **Yes** _____ **No** _____

If you answered "Yes" in Question #2, please provide full details of the matters in an attachment to this application. Include case, title, cause number, date filed, and court.

3. Did you complete the required CME hours to renew this license?

_____ **Yes I have obtained my 50 CME hours.** _____ **No I do not have all of my CME hours.**

_____ **My CME hours are not due until next year.**

I certify that I have read and will comply with all applicable provisions of the Podiatry Medical Practice Act; Texas Occupations Code, Chapter 202, and 16 Texas Administrative Code, Chapter 130. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Signature: _____

Date: _____